PTO/SB/50 (06-03)
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REISSUE PATENT APPLICATION TRANSMITTAL

Addross to:	Attorney Doc	ket No.	ICB0166							
Address to:	First Named	Inventor	Olivier M. PARRIA	UX						
Mail Stop Reissue	Original Pate	nt Number	6,359,691 B2							
Commissioner for Patents P.O. Box 1450		nt Issue Date	Issue Date							
Alexandria, VA 22313-1450	(Month/Day/\									
	Label No.									
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Patent Design Patent Plant Patent										
APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS										
5 7 070,000	Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).									
1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing	Fee Transmittal Form (PTO/SB/56) Submit an original, and a duplicate for fee processing)									
2. Applicant claims small entity status. See 37 CFR 1.27.	pplicant claims small entity status. See 37 CFR 1.27.									
3. Specification and Claims in double column copy of pat (amended, if appropriate)										
4. Drawing(s) (proposed amendments, if appropriate)	Drawing(s) (proposed amendments, if appropriate)									
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)										
6. Power of Attorney										
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))	13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations English Translation of Reissue Oath/Declaration									
Written Consent of all Assignees (PTO/SB/53)	14. (if applicable) 15. Preliminary Amendment									
37 CFR 3.73(b) Statement (PTO/SB/96)	Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized)									
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 17. Other:										
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)										
a. Computer Readable Form (CFR)										
b. Specification Sequence Listing on:										
i										
c. Statements verifying identity of above copies										
18. CORRESPONDENCE ADDRESS										
Customer Number: 24,203	Customer Number: 24,203 OR Correspondence address below									
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Nome (D) (IT)										
Name (Print/Type) JOERG-UWE SZIPL	gistration No. (Attorney/Agent) 31,799									
Signature C		I Da	te March 18 2004							

This collection of information is required by 37 CFR 173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patentis, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM									Docket Number (Optional) ICB0166					
Claims as Filed – Part 1														
Claims in Patent	Number Filed in Reissue			(3) Number Extra		Small		Entity Fee		Other than a Sr Rate		nall Entity Fee		
(A) 33	A) (37 CFR 1.16(j))		Application 33 (B) 1		****	0		× \$ 0	_= 0		,	· <u>·</u> ·	×\$=	
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		(1)				(2)	(3) Small Entity			Entity	Other than a Small Entity			
Claims Rema After Amend				Highest Number Previously Paid For		c	Extra Rate Claims Present			Fee		Rate	Fee	
Total Clair (37 CFR 1.1		··· 34	• •	мімиѕ	3	3	* :	1	x\$ <u>9</u> =		9		x \$=	=
Independe Claims (37 (1.16(i))		*** 1	MINUS 1		1	=	= 0 x s <u>0</u>		=	0		x \$=	-	
							Total Additional Fee \$				_{\$} 9		OR	\$
*** After any **** If "A" is o	cance greater	umber of Total :llation of claim r than 20, use (ber of Indepen ns small entity	s. [B – A); i dent Cla	f "A" is 20 or ims Previou	r less, u isly Paid	ıse (B – 20).						ent (C).	
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.														
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A check in the amount of \$					to cover the filing/additional fee is enclosed.									
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March	18, 2	2004								<	\sum			
Date 31,799					Signature of Applicant, Attorney or Agent of Record Joerg-Uwe Szipl									
Registration Number, if applicable						Typed or printed name								

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